

Senate Bill No. 491

CHAPTER 339

An act to amend Sections 1568.15 and 1568.17 of the Health and Safety Code, relating to public health.

[Approved by Governor September 26, 2008. Filed with
Secretary of State September 26, 2008.]

LEGISLATIVE COUNSEL'S DIGEST

SB 491, Alquist. State Alzheimer's Disease and Related Disorders Advisory Committee.

Existing law requires the State Department of Public Health to implement and administer various health promotion and preventative health services for older adults, as defined, in the state.

Existing law establishes the Alzheimer's Disease and Related Disorders Advisory Committee in the California Health and Human Services Agency. Existing law requires the committee to be composed of 12 members.

This bill would increase the committee's membership to 14 by adding 2 members who have been diagnosed with Alzheimer's disease, to serve one-year terms.

This bill would require the committee to collaborate with a broad range of stakeholders, and to review current state policies and practices concerning treatment for Alzheimer's disease, and to develop specified recommendations relating to Alzheimer's care in the state.

The people of the State of California do enact as follows:

SECTION. 1. The Legislature finds and declares all of the following:

(a) Roughly 500,000 California families are living with Alzheimer's disease and other dementia disorders.

(b) It is estimated that the incidence of these tragic diseases in California will triple, from approximately 500,000 to 1.5 million, by the year 2050, as the state's population of baby boomers ages.

(c) The surge in the numbers of those persons affected by Alzheimer's disease, including family caregivers, will place a severe strain on the state's already challenged health, social services, and geriatric service delivery systems.

(d) Morbidity and mortality data collected by counties has demonstrated a dramatic and rapid increase in the number of deaths associated with Alzheimer's disease and other forms of dementia, making it the sixth leading cause of death in California, and the seventh leading cause of death nationally.

(e) Advances in Alzheimer's disease research and promising ongoing clinical trials are testing agents that may slow progress of the disease, delay its onset, and prevent the disease altogether, as well as more effectively manage challenging behavioral symptoms.

(f) The Alzheimer's Disease Research Centers of California have made significant contributions to the advancement of Alzheimer's disease research, and it is imperative for the state to have primary care and long-term care delivery systems that are positioned to utilize these research findings to improve care for persons living with Alzheimer's disease and other dementia disorders.

(g) While advances in Alzheimer's research create hope for the future, they will not head off the increasing need for community, home, and residential care that is equipped to care for persons suffering from Alzheimer's disease and other dementia disorders.

(h) To avoid bankrupting our health and social service systems serving the elderly, California must prepare now by identifying strategies that will provide appropriate care to families coping with caring for a family member afflicted with Alzheimer's disease.

(i) It is in the interest of the state to better serve the approximately 500,000 families statewide who are currently struggling to care for a family member with Alzheimer's disease.

(j) It is also in the interest of the state to adequately serve the following emerging populations:

- (1) Underserved and unserved families.
- (2) Persons in the very earliest stages of Alzheimer's disease, and those individuals suffering from other dementia disorders.
- (3) Persons with special needs who cannot access existing care systems.
- (4) Non-English speakers, and ethnically diverse populations coping with memory loss.
- (5) The mentally ill.
- (6) Rural residents.
- (7) Younger populations afflicted with early onset Alzheimer's disease.

SEC. 2. Section 1568.15 of the Health and Safety Code is amended to read:

1568.15. The Secretary of California Health and Human Services shall be responsible for the oversight and coordination of programs serving people living with Alzheimer's disease and related disorders and their families. This responsibility shall include, but not be limited to:

(a) State level support and assistance to all programs within the Health and Human Services Agency and member departments developed for this target population.

(b) Establishment of the Alzheimer's Disease and Related Disorders Advisory Committee pursuant to Section 1568.17.

(c) Review of the recommendations contained in the 1987 California Alzheimer's Disease Task Force Report and subsequent state plans, in consultation with appropriate state departments and the Alzheimer's Disease and Related Disorders Advisory Committee.

SEC. 3. Section 1568.17 of the Health and Safety Code is amended to read:

1568.17. (a) The California Health and Human Services Agency shall establish an Alzheimer's Disease and Related Disorders Advisory Committee consisting of 14 members selected as follows:

- (1) One representing the field of academic medical research.
- (2) One representing the field of social research.
- (3) One representing the field of mental health.
- (4) One representing the Alzheimer's day care resource centers.
- (5) One representing the Alzheimer's disease diagnostic and treatment centers.
- (6) Two representing families of persons suffering from Alzheimer's disease or related disorders.
- (7) Two representing organizations providing services to Alzheimer's disease patients.
- (8) One representing a consumer organization representing persons with Alzheimer's disease.
- (9) One representing a member of the State Bar who is familiar with the legal issues confronting Alzheimer's disease victims and their families.
- (10) Two people who have been diagnosed with Alzheimer's disease to serve one-year terms.

(11) The Secretary of California Health and Human Services or his or her designee.

(b) Members shall serve at the pleasure of the Secretary of California Health and Human Services. The agency secretary may establish fixed terms for advisory committee membership. For purposes of continuity, those terms shall be staggered.

(c) Members shall serve without compensation, but shall receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties.

(d) The Alzheimer's Disease and Related Disorders Advisory Committee shall do all of the following:

- (1) Provide ongoing advice and assistance to the administration and the Legislature as to the program needs and priorities of the target population.
- (2) Provide planning support to the administration and the Legislature by updating recommendations of the 1987 California Alzheimer's Disease Task Force Report and regularly reviewing and updating recommendations as needed.

(3) Appoint a chairperson and vice chairperson.

(4) Meet quarterly.

(e) The Alzheimer's Disease and Related Disorders Advisory Committee shall do all of the following when making policy and plan recommendations:

- (1) Consult with a broad range of stakeholders, including, but not limited to, people diagnosed with Alzheimer's disease, family caregivers, community-based and institutional providers, Alzheimer's disease researchers and academicians, formal caregivers, the Alzheimer's Association, the California Commission on Aging, and other state entities.

(2) Consider the recommendations of other state plans, including, but not limited to, the Olmstead Plan, the Long-Range Strategic Plan on Aging, and the California Department of Aging's State Plan on Aging.

(3) Consider cultural and linguistic factors that impact persons with Alzheimer's disease and their families who are from diverse populations.

(4) Review current state policies and practices concerning care and treatment related to Alzheimer's disease and other dementia disorders, and develop recommendations concerning all of the following issues:

(A) Community-based support for California's diverse people with Alzheimer's disease and their family members.

(B) Choices for care and residence for persons with Alzheimer's disease and their families.

(C) An integrated public health care management approach to Alzheimer's disease in health care settings that makes full use of dementia care practices.

(D) The dementia competence of health care professionals.

(E) Early identification and intervention through increasing public awareness of Alzheimer's disease.

(f) All meetings of the advisory committee, and any subcommittees thereof, shall be open to the public and adequate notice shall be provided in accordance with Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code.